

Physician Certification

I have reviewed the job analysis and Transitional Duty Plan submitted for _____, and it is my opinion that he/she:

_____ CAN perform the duties as described.

_____ CANNOT perform the duties as described (explain in comments.)

_____ CAN PERFORM only the duties listed (list and explain in comments.)

COMMENTS:

Physician Signature

Date

Print Name

Type of Practice

Office Address

Office Phone